

DB SEPARATE GUIDE		Plan Qualification				Vesting			Discrimination		Modes of Distributions					Limitations				
FORMS & TYPES OF DATA	Historical Info	Ind. Designed Plan	Master / Prototype Plan	EPCRS-Related Matters	IRC 410(b) Coverage Requirements	Vesting	Cashouts	Deduction within IRC 404 Limitations	Accrued Benefit Calculations	HCE Test	Termination of Service	Loans	Minimum Limit for Single-Sum Distributions under Section 417(e)(3)	Required Distributions Under IRC Section 401(a)(9)	QDROs	IRC 415 Limits	IRC 401(a)(17) Comp. Limit	Minimum Funding	Trust Disbursements and Sources of Income	Asset Review
PLAN DOCUMENTS (including plan doc., trust doc., recent amendments, determ. letters, related annuity contracts and coll. barg. agreements)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
OTHER DOCUMENTS RELATING TO PLAN (incl. employee handbook, plan administration manual, related VCR submissions & private letter rulings)	X	X	X	X	X	X	X		X		X	X		X	X					
CLOSING AGREEMENTS / DOCUMENTATION OF CORRECTIONS (incl. operational changes & amendments required for VCP, Audit CAP & SCP)	X			X																
SUMMARY PLAN DESCRIPTION		X	X		X	X	X		X		X	X	X	X	X	X	X			
For Each Employee / Participant:																				

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NEW HIRE PACKAGE																				
NAME, SSN and COMPENSATION INFO (incl. wages / elective deferrals reportable on W-2; payroll comp; and other salary / wages & their treatment under plan)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
UNIT, DIVISION and EMPLOYMENT CLASSIFICATION if used to exclude employees from plan (i.e., part-time, hourly, salaried, leased, statutory, union, certain divisions or job locations, etc.)					X	X		X	X	X								X		
DATE OF HIRE (incl. controlled group and acquired employers)					X	X			X	X						X		X		
DATE OF BIRTH					X	X			X		X		X	X		X		X		
DATE OF TERMINATION , if any (incl. controlled group and acquired employers)					X	X	X	X	X	X	X	X				X		X		

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DATE OF REHIRE, if any (incl. controlled group and acquired employers)					X	X	X	X	X	X						X		X		
PLAN ENTRY DATE					X	X		X	X	X						X		X		
HOURS OF SERVICE IN PLAN YEAR (incl. controlled group and acquired employers)					X	X		X	X							X		X		
LEASED EMPLOYEE STATUS (incl. leasing agreement)					X															
ACCRUED BENEFIT						X (at term or at distrib)			X (at term or at year end)		X (at term & at distrib)					X	X	X		
VESTED ACCOUNT BALANCE						X	X		X		X (at term & at distrib)	X (at date of loan)	X	X (at term & at distrib)	X (at date order goes into)					
PROJECTED BENEFIT								X	X		X					X	X	X		
ACTUARIAL VALUE OF BENEFITS PAYABLE TO PARTICIPANT											X		X		X (at date order goes into)					

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AMT OF FORFEITURE, if any (incl. vested pct. at specified date)						X	X				X		X	X						
AMOUNT & DATE OF DISTRIBUTION (Including bank records documenting distribution)						X	X			X			X	X	X				X	X
MODE OF DISTRIBUTION ELECTED BY PARTICIPANT (i.e., straight life annuity, QJSA, lump-sum, period certain annuity, rollover, etc.)							X				X		X			X				
WRITTEN CONSENT AND NOTICE FOR DISTRIBUTION						X	X				X		X							
AMOUNT & DATE OF REPAYMENT AFTER REHIRE (Including bank records documenting distribution)						X	X		X										X	X
IDENTITY OF OWNERS & PCT. OF OWNERSHIP (current and prior year)										X				X						

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<i>For Each Participant Loan:</i>																				
AMOUNT & DATE OF LOAN												X							X	X
12-MONTH HIGHEST OUTSTANDING LOAN BALANCE AT TIME OF LOAN												X								
TERMS OF LOAN (incl. interest rate, collateral, duration of loan and repayment schedule)												X							X	X
WRITTEN CONSENT TO LOAN , if applicable												X								
AMOUNTS & DATES OF DISTRIBUTIONS USED TO OFFSET LOAN BALANCES												X							X	X
AMOUNTS & DATES OF DISTRIBUTIONS IDENTIFIED AS IRC 72(p) DEEMED DISTRIBUTIONS												X								

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IDENTITY OF CONTROLLED GROUP OR AFFILIATED SERVICE GROUP MEMBERS THAT INCLUDE PLAN SPONSOR (Including evidence of stock ownership or contracts that establish such fact .)	X				X					X	X									
IDENTITY OF EMPLOYERS WHO HAVE ADOPTED THE PLAN	X				X															
W-2 FORMS					X	X		X	X	X						X	X	X		
TOTAL EMPLOYEES AT END OF PLAN YEAR					X															
NO. OF EMPLOYEES BENEFITING					X															
NO. OF EMPLOYEES NOT BENEFITING					X															
From applicable income tax returns																				

[illegible]

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General : <i>All Forms Required To Be Filed With IRS</i>																				
Plan: FORM 5500 (incl. all schedules for prior, current and subsequent year)	X				X	X	X	X	X	X	X	X						X	X	X
Plan or Plan Sponsor: FORM 5330 FOR YEAR UNDER EXAM (if any)	X							X	X			X						X	X	X
Plan or Plan Sponsor: FORM 990-T FOR YEAR UNDER EXAM (if any)	X																		X	X
Plan Sponsor: FORM 990	X																			
Plan: STATUS CHANGE NOTICE (IRC 6057(b))	X																			
Participants: INDIVIDUAL STATEMENTS TO PARTICIPANTS CONTAINING DEFERRED VESTED BENEFIT INFO						X					X			X						

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